

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

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| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

FCP

(REV. 5-78)

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